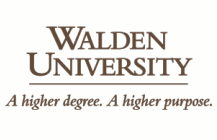

2018

The Role of Empathy in Nursing Assistant Retention

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This is to certify that the doctoral study by

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has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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Walden University
2018

Abstract

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MS, Walden University, 2015

BS, Rider University, 1997

Project Submitted in Partial Fulfillment

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Doctor of Nursing Practice

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Abstract

It is estimated that by 2020 there will be 2.8 million long-term care beds in residential facilities, staffed primarily with nursing assistants as the front-line care providers. The American Healthcare Association 2012 staffing survey showed that the median annual turnover rate for nursing assistants in the United States is 51.5%. High rates of turnover are associated not only with poorer quality of care but also with increased costs for facilities. The purpose of this project was to understand characteristics that are associated with long-term employment in the nursing assistant role by describing the personality characteristic of empathy in the nursing assistant population with career longevity. The practice-focused question focused on the level of empathy among nursing assistants in long-term care who have been in their role 3 years or longer. The purposive sample group included 60 nursing assistants from 10 long-term care facilities in New Jersey. Data were collected using the Interpersonal Reactivity Index instrument, which comprises 4, 7-item subscales that consider aspects of the global concept of empathy. The overall findings of this study did not establish a significant relationship between empathy and retention; however, notable shifts in the empathy subscale scores of participants related to gender and length of tenure were noted. The results of this study could promote positive social change by helping administrators select nursing assistants suited to working in long-term care facilities, which may result in lower turnover and improved patient outcomes among the population in long-term care.

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Section 1: Nature of the Project

Introduction

Due to the rapidly expanding geriatric population, nurses need to be well-informed concerning the most current evidence-based, theory-guided practice. A key issue for nursing leaders in geriatric health concerns how the direct care by nursing assistants (NA) impacts the quality of care for long term care nursing facility residents. It is expected that by 2050 there will be 6.6 million long term care beds in residential facilities, staffed primarily with NAs as the front-line care providers (DeHart, Webb, & Cornman, 2008). Minimal NA turnover rates and sufficient staffing in long term care facilities are crucial to providing good care for the elderly population (Trinkoff et al., 2013).

Long term care facilities are struggling with maintaining an adequate, well trained NA workforce (Castle, 2007). High rates of turnover not only are associated with poorer quality of care but are also linked to increased costs for facilities (Rigs & Rantz, 2001). While other industries have matched key characteristics of students with compatible populations, health professions education program have traditionally accepted all who apply (Penprase, B., Oakley, B., Ternes, R., & Driscoll, D. 2015). Persons who are poorly suited for direct patient care leave the profession very quickly, contributing to the high turnover rate (Morgeson, 2015).

Presently, the main selection criteria for hiring a NA are academic preparation, past work history, or intuitive sense none of which have proven to be predictive of performance and retention. There is a need for a best practice to attract, screen, and

select candidates that adds objective screening tools used in other industries to predict performance potential on the job (Garner, 2011). The purpose of this project was to better understand the profile of characteristics that are associated with longer term employment in the NA role. This information could better inform both schools and employers regarding the desired characteristics for NAs. The potential social change of choosing students and employees who are more likely suited to working in long term care facilities may result in lower turnover and improved patient outcomes.

Problem Statement

Long term care facilities are struggling with maintaining adequate, well trained NA workforce. The American Healthcare Association (AHCA) conducts a regular staffing survey in skilled nursing centers nationwide (AHCA, 2011). The most recent 2012 survey showed that the median annual turnover rate for NAs in the United States is 51.5% (AHCA, 2013). High rates of turnover not only are associated with a poorer quality of care but are also linked to increased costs for facilities (Sterns & D'Arcy, 2008). The staff vacancies create excessive demands on the minimal staff and their job performance is adversely affected (AHCA, 2013).

Staffing turnover has a stronger relationship with quality than staffing levels (Castle & Engberg 2007). High rates of NA consistency relate with higher overall quality in seven out of 22 Centers for Medicare and Medicaid (CMS) quality measures that reflect the long term care facility residents (Castle & Anderson, 2011). Areas of quality of care that are mostly affected by high rate of staff turnover include catheter use (indwelling urinary catheters), pain management, pressure ulcers, and a high rate of

patients being incontinent (bowel and bladder) (Harrington, 2001). Providing consistent resident assignments for the NA leads to establishing and maintaining a good relationship with the resident, which is important for the quality of care for the residents and leads to less turnover of NAs.

There are approximately 52,550 long term beds in New Jersey, and this is expected to expand to 80,372 beds by 2025. The average NA to patient ratio is 1:10. If turnover continues at a 51% rate, approximately 2,628 NAs will have to be replaced each year (AHCA, 2013). NA education programs will have to either expand their training numbers by 150% or change the selection process to choose those who are more likely to be successful in the role. Research in both nursing and medicine have revealed empathy to be crucial to positive therapeutic patient and provider relationship (Mercer & Reynolds, 2002). In New Jersey, 53.7% of the long term care facility staffing is comprised of NAs and the turnover rate for NAs in New Jersey is 27.7% with a vacancy rate of 5.1% (AHCA, 2011).

Purpose

The gap in nursing practice reflects that I was unable to find information in the literature to identify which candidates may be more suited to the personal care role. Little attention has been paid to studying long term care facility's NAs with long periods of continuous employment or work/personality characteristics that may explain retention. The primary aim of this study was to profile the personality characteristic of empathy in the NA population who have been successful in their specialty. The practice-focused question is: What is the level of empathy among NAs in long term care who have been in

their role 3 years or longer? The hypothesis is that empathy is an important characteristic to longevity in the NA role.

Empathy is the precursor for compassion, and healthcare workers should have the capacity to feel their patient's sadness or torment, keeping in mind the end goal to bring out compassion (Van der Cingel, 2014). The objective of this project was to determine whether empathy is a strong characteristic in NAs who have been in their long term care nursing position longer than three years, thus considered successful in their role. Using the Interpersonal Reactivity Index created by Davis et al (1980), this study will profile empathy in NAs in several long term care facilities in New Jersey.

Empathy alludes to the capacity to take the point of view of and feel the feelings of someone else, and compassion is the point at which those sentiments and contemplations incorporate the yearning to offer assistance (Culture of Empathy, 2016). Empathy is an essential and intricate part of the philosophy of nursing. A review of nursing research into the concept of empathy elicited conceptualizations of empathy as a human attribute, an expert expression, caring, and exceptional relationship. These conceptualizations reflect empathy as both an inherent and an acquired characteristic (Yu & Kirk, 2008).

Healthcare organizations traditionally rely heavily on eligibility measures (can the person do the job) when hiring but give little thought to reliable measurements of suitability (is the person well suited to do the job) (Cupit & Sukal, 2015). The research was designed to provide evidence of whether when empathy is high the employee may be more likely to be successful, thus improving staff retention. This information may help

human resources professionals to filter applicant for the best matches, making the best hire, and even placing an already existing employee into the areas where they will be most likely to experience job satisfaction and increased success. The study may also help educators in the selection of candidates for NA programs.

Nature of the Doctoral Project

This quantitative descriptive project utilized a survey to assess the empathy levels of NAs who have been successfully employed in their profession. Little attention has been paid to studying long term care facility's NAs with long periods of continuous employment, or work/personality characteristics that may explain retention. Retention is an important indicator of staff stability that can impact quality of care and organizational spending on training and hiring of NAs (Castle & Engberg, 2007). According to the Bureau of Labor Statistics (2016), the average number of years that U.S. workers have been with their current employer is 4.6. Tenure of young employees (ages 20 to 34) is only half that at 2.3 years (Bureau of Labor Statistics, 2016).

The approach was made through a letter to the long term care administrators in New Jersey requesting them to inform employees, via newsletter or email, of the study. The NAs were directed to a web address with a letter of introduction and consent prior to completing the Interpersonal Reactivity Index. NAs with fewer than 3 years of experience were excluded from the study's data analysis. Demographic information was gathered for highest educational level, years in the role, age, gender, and whether the NA is certified by a state association. Demographic factors may serve as explanatory variables that correlate with the degree of empathy.

Significance

NAs provide a vast majority of primary care in the long term care facility. The turnover rate has been consistently high, thus compromising continuity of care and by causing higher ratio of patients to NA during times of hiring. The instability of today's long term care workforce has contributed to extreme workloads for NAs, inadequate supervision, less time for new staff to learn their jobs, and high accident and injury rates (National Commission on Nursing Workforce for Long term Care, 2007).

Understaffing in long term care facilities is associated with increased risk for urinary incontinence, increased risk for pressure ulcers, low resident participation in activities, higher incidence of falls, improper use of physical/chemical restraints, undernutrition, increased patient risk for depression, and increased risk for abuse and neglect (Maas, Specht, Buckwalter, Glitter, & Bechen, 2008). Indicators that can be benchmarked against Medicare quality evaluations incorporate pressure sores, better incontinence administration, falls, and falls with injuries (Maas et al., 2008).

There are several stakeholders who may be affected in a positive manner, including the NAs, their patients, the administrators of the long term care facility, and NA schools. An extended list of stakeholders would include the agencies' other departments such as human resources, finance, risk management and quality control departments. The broader social purpose and significance of this project is to better understand the characteristics and motivations of NAs in long term care facilities and utilize this information to better screen applicants to schools and to positions in the workforce. If this personality trait is correlated with success in the role, additional

training and support may be indicated for schools and employers, as empathy is considered both an inherent and learned characteristic. A consistent NA workforce enhances patients' wellbeing status and health outcomes (Dal Santo, Pohl, Saiani, & Battistelli, 2014).

Summary

The focus of this project was to evaluate the characteristic of empathy in NAs who are successful in their long term care specialty. The validation of the value of the personality characteristic of empathy may increase quality of patient care in long term care facilities through selection, retention, and stability of the NA workforce (Resick, Shantz, & Baltes, (2007). Teamwork is fundamental to patient care in a group culture that emphasizes collaboration and teamwork (Kalisch & HeeLee, 2011). This care is interrupted when employee turnover is high, and often a skeletal staff must provide care until human resources and nursing administration can identify, hire, and orient replacement staff (Castle, 2013).

This constant turnover means the new staff must learn the facility's policies and procedures as well as familiarize themselves with the patients and their needs at the same time. The project is designed to provide information which may result in the reduction of staff turnover and increased stability within the direct care workforce, resulting in increased quality of care for patients. Section 2 will provide information on the relevance to nursing practice and filling gaps in practice, literature review, definition of terms, mission, and vision.

Section 2: Background and Context

Introduction

Long term care facilities are struggling with maintaining an adequate, well trained NA workforce (Castle, 2013). A high turnover rate correlates with decreased quality of care for the residents of these long term care facilities (Castle & Anderson, 2011). The practice-focused question is: What is the level of empathy among NAs in long term care who have been in their role three years or longer? A study profile of the personality characteristics of the NA has the potential to close the gap between the NA retention rate and the negative impact of turnover on the care provided to residents of a long term care facility. Further, the profile may provide insight into areas to be improved in order to increase staff retention. Better understanding of the role of empathy may also inform educators about the selection process for new students. The potential for positive social change comes by closing the gap between the NA retention rate and turnover rate which increases the quality of care provided to residents of long term care facilities.

Concepts, Models, and Theories

Empathy is mirroring or the vicarious experience of another's emotions, whether they be sorrow or joy and compassion is a feeling of sorrow associated specifically with the suffering or need of another (Cole-King & Gilbert, 2011). This is a fellow feeling and requires a certain degree of equality in situations or circumstances; it also includes the need or desire to alleviate suffering (Culture of Empathy, 2016). Watson (1979) developed the theory of human caring to balance the cure orientation of medicine with nursing’s unique caring exchanges. Central to Watson’s continuously evolving theory is

the transpersonal care relationship, which is linked strongly to the concept of empathy. Watson's theory of human caring has 10 primary curative factors and one of the factors is the development of a trusting relationship, which includes congruence, empathy, and warmth. A nurse's method of communication is what establishes a caring relationship with the resident (Watson, 1979). Communication consist of verbal and nonverbal communication, as well as listening that connotes empathetic understanding (Watson, 1979).

Retention and Quality Indicators

It was estimated that 66% of NAs left their positions in 2007 (Trinkoff et al.,2013). High turnover rates for NAs have been specifically connected with each of the 14 Centers for Medicare and Medicaid Services (CMS) reported quality indicators in nursing homes (Trinkoff et al., 2013). A study conducted by Trinkoff et al. (2013) showed that increased turnover results in increased risk pressure ulcers and urinary tract infections (UTI). The study was a secondary analysis of cross-sectional data from two public nationally representative databases. This data was gathered through the Nursing Home Minimum Data Set and analyzed by CMS into quality measures for Nursing Home Compare (Trinkoff et al., 2013). Facility data on NA/licensed nurse turnover and staffing were obtained from the 2004 National Nursing Home Survey (NNHS) directed by the National Center for Health Statistics (NCHS) (Trinkoff et al., 2013).

Data were available from the 1174 nursing homes of 1,500 selected using a multistage sampling scheme stratified on several facility and geographic characteristics (Han et al., 2013). The results demonstrated that nursing homes with high NA turnover

were significantly more likely to have higher rates of low-risk PUs (*OR*, 2.49; 95% CI, 1.29-4.82), pain (*OR*, 2.69; 95% CI, 1.60-4.53), and UTI (*OR*, 1.66; 95% CI, 1.02-2.72) than those with low NA turnover (Trinkoff et al., 2013). Retention of NAs in long term care facilities continues to be an employment, financial, and health quality problem (Castle & Anderson, 2011).

A review of several papers on the retention of care givers in long term care facilities revealed that several sociological factors contribute to the retention concern. These papers include works by Mukamel et al. (2009), Castle (2013), and Pennington, Scott, and Magilvy (2003). These papers point to several contributing factors that include (a) work hazards, (b) professional growth opportunities, (c) role clarity, (d) work load by putting increased pressure on remaining staff to cover and pick up the extra work often leading to burnout, (e) autotomy, (f) strain on relationship with coworkers is caused by putting pressure on current staff to train and then gel with the new employees, (g) lack of knowledge with new employees concerning institutional practices, workplace norms, team behaviors, and patient knowledge, familiarity with staff, patients, and care experience (Castle, 2013; Mukamel et al., 2009; Pennington et al., 2003). The current expenditure in the training and retraining of new nursing assistants, the cost of advertising and other human resource costs is better spent on additional nursing assistant education, certification, and retention of nursing assistants. This allows for increased quality of service to the residents which makes the nursing assistant a more valuable member to the healthcare team.

Link between Empathy/Compassion and Nursing

Empathy is distinguished in the nursing literature from compassion. Empathy is characterized as a human attribute: an expert expression, a communication method, caring, and a unique relationship (Yu & Kirk, 2008). Empathy allows an individual to move from subjective understanding to an intellectual objectivity. Empathy allows the nurse to maintain a professional and intellectual objectivity, as there is no commitment to enter into the other person's suffering (Walker, & Alligood, 2001). Compassion involves the active participation in another individual's suffering (Papadopoulos, & Ali, 20*16*). Empathy is broader than compassion because compassion is with suffering; if a person feels another person's joy, suffering is not a part of that feeling but is an empathetic response however compassion is a subset of both the cognitive and affective parts of empathy (Walker, & Alligood, 2001). Compassion is centered around attempting to manage the grief of another, and it is a much smaller piece of empathy (Culture of Empathy, 2016).

Measuring Personality Characteristics

The concept of personality characteristics and job fit theorizes that a person's personality traits will divulge insight as to his or her ability to be successful in their career. Personality assumes a part in the probability to leave a nursing position (McLaughlin, Moutray, & Muldoon, 2007). Strunk and Strunk (2012) stated the need to match personality attributes and occupation prerequisites for employment fulfillment. A cross-sectional study conducted by Strunk and Strunk (2012) sought to determine how personality characteristics, feeling of authoritative strengthening, and job fulfillment

combine to predict turnover expectation among sexual assault nurse examiners. The sample size consisted of 161 participants (male and females). The outcomes show that personality characteristics, and workplace characteristics, and employment satisfaction, combine to predict intention to leave the job; Step 1 ($F3,155 = 21.600$, $p < 0.001$, $r^2 = 0.295$, $SEE = 0.858$) and Step 2 ($F4,154 = 13.360$, $p < .001$, $r^2 = 0.313$, $SEE = 0.838$) (Strunk & Strunk, 2012).

A study conducted by Smart et al. (2014) investigated compassion fatigue and compassion satisfaction levels in a community hospital and identified variables that might improve these aspects of professional quality of life. The impact of compassion fatigue on NAs can be profound (Smart et al. 2014). It may cause stress-related symptoms and job dissatisfaction, decreased productivity, and increased turnover (Smart et al., 2014). There is an abundance of research centered around whether personality impacts career decisions and whether people with certain personality characteristics are attracted to or more suitable to certain health professions (Eley, Eley, Bertello, & Rogers-Clark, 2012). Richardson, Lounsbury, Bhaskar, Gibson, and Drost, (2009) conducted a study to examine broad and narrow personality traits that characterize health care workers in comparison with professionals from other occupations. Richardson et al., (2009) also investigated ways in which characteristic traits of health care workers were related to career satisfaction. The data for this study were taken from an archival database, and there was a total of 54,942 members from diverse occupations (Richardson et al., 2009).

Of these occupations, 296 recognized themselves as health care professionals, which included subgroups, for example, of doctors, nurses, mental health workers, and

heath care administrators (Richardson et al., 2009). The results of this study determined that nine personality traits were significantly and positively related to career satisfaction: optimism ($r = 0.42$, $P < .01$), emotional stability ($r = 0.40$, $P < .01$), assertiveness ($r = 0.35$, $P < .01$), extroversion ($r = 0.34$, $P < .01$), work drive ($r = 0.27$, $P < .01$), openness ($r = 0.25$, $P < .01$), customer service ($r = 0.20$, $P < .01$), agreeableness/teamwork ($r = 0.19$, $P < .01$), and conscientiousness ($r = 0.12$, $P < .05$) (Richardson et al., 2009).

There are many factors that relate to low retention rate of NAs. One such factor may be having the wrong personality traits to perform the job therefore, employees that are a poor fit for the position lead to high turnover rates (Zimmerman, 2008). A meta-analysis of 86 empirical studies by Zimmerman (2008) sought to estimate the correlations between an employee's personality, their intent to quit, and turnover rate. The outcome of the meta-analysis demonstrated that personality characteristics do affect people's turnover goals and practices. The characteristic of emotional stability best correlated (adversely) with workers' goals to leave, though the qualities of conscientiousness and agreeableness best predicted (adversely) actual turnover choices. The meta-analyses for personality and turnover showed that agreeableness, conscientiousness, emotional stability, and openness have the strongest relationships with turnover at −.25, −.20, −.18, and .10 (Zimmerman, 2008). The Center for Building a Culture of Empathy has an ongoing model for empathy (Culture of Empathy, 2016). While there is literature in nursing and mental health that empathy improves health outcomes, little attention has been paid to assessing the workforce for that specific personality trait.

Developing a profile for a successful NA work personality could be used to determine if the person applying for admissions to a NA school or a NA job is a good fit. The cost of formal screening will likely be less expensive than constantly training new orientees who do not stay at the organization. Personality is accepted to assume a part in career decision, and it is proposed that an individual will look for a profession that will give individual fulfillment and meet their own needs (Kennedy, Curtis, & Waters, 2014a).

Empathizing means being considerate, understanding, sharing, and making an inside space to acknowledge the other individual, henceforth helping them to feel understood and not on their own (Gallese, 2007). Empathy starts with acquiring the knowledge into the patient's worries, emotions, and sources of distress. This produces compassion, i.e., a sentiment uneasiness created by the misery of someone else. Empathy prompts to a yearning to alleviate the reason for misery or discomfort brought on by another person (Benbassat & Baumal, 2004). Penprase, et al., (2015), conducted a quantitative research study using a descriptive correlational design to understand male nursing students' empathy traits compared with other university students. Participants in this study included 1,872 (1,205 females and 667 males) undergraduate students (1,482 non-nursing student and 390 nursing students).

Using the Empathizing Quotient (EQ) a 40-item questionnaire that measures cognitive and affective empathy and the Systemizing Quotient (SQ) a 75-item questionnaire that measures differences in drive, control, understanding, and construct rule-based systems. The Systemizing Quotient (SQ) was developed by Baron-Cohen,

Richler, Bisarya, Gurunathan, and Wheelwright (2003) and the Empathizing Quotient (EQ) was developed by Baron-Cohen and Wheelwright (2004). Salient findings concluded that female students have higher empathizing traits than male students. However, when male nursing students were compared with the general population of other male students, they revealed higher empathy traits 3.0 ($p < .01$) than other males; the results of both questionnaires have high reliability estimates. Cronbach's α in our sample reached 0.87 for the EQ, while Cronbach's α for the SQ-R reached 0.90. Males and females had approximately identical reliability (Penprase et al., 2015, p.5).

Penprase, B., Oakley, B., Ternes, R., and Driscoll, D. (2013), also conducted earlier quantitative research using a descriptive correlation design to explore whether empathizing and systemizing characteristics were important factors underlying students' self-selection into nursing programs and their continuing success in nursing programs and the nursing profession. Participants included 1,872 undergraduate students from various disciplines (390 nursing students and 1,482 non-nursing students) Utilizing the Empathizing Quotient (EQ) a 40-item questionnaire that measures cognitive and affective empathy and the Systemizing Quotient (SQ) a 75-item questionnaire that measures differences in drive, control, understanding, and construct rule-based systems. Male and female nursing students scored higher in empathy compared with male and females in other majors. The t test demonstrated that nursing students have statistically significant higher Empathizing Quotient (EQ) scores than students in other majors ($p < 0.001$). The Systemizing Quotient (SQ-R) was developed by Baron-Cohen et al., (2003) and the Empathizing Quotient (EQ) was developed by Baron-Cohen and Wheelwright (2004).

Deficit in Practice Knowledge

Under the current New Jersey education and licensing system, the NA has 6-10 weeks of didactic and skills content and only 40 hours of internship in a long term care facility (New Jersey Department of Health, 1995). These current requirements lack the tool needed (NA work profile) to ensure good job matching, which may reduce turnover and increases the quality of care (New Jersey Department of Health, 1995). Strategies that have been used previously to address the gap in NA practices include a career ladder with upward mobility, enhanced orientation, and pay raises. This doctoral project will focus on whether the characteristics of empathy correlates to retention. Often NAs do not just leave a facility, they leave the profession because it does not provide a satisfying path that allows for stability and growth (Maier 2002).

Rosen, Stiel, Mittal, and Leana (2011) conducted a longitudinal study of NAs to assess job factors and work attitudes related to NAs leaving or staying. The participants were 620 NAs randomly selected from the Pennsylvania's NA registry and was surveyed by telephone initially and 1 year later. The initial telephone survey included questions pertaining to demographics, gender, age, emotional distress, benefits, promotional opportunities, turnover intent, job satisfaction, and wages. The second survey (1 year later) included the same questions, but also included questions about whether the NA had left their job and if so what was the reason. Findings concluded that NAs that leave the profession in pursuit of other opportunities (63.3%, $p < .05$), and wages (46.7%, $p < .05$) (Rosen et al., 2011).

A potential contribution to the nursing profession may include a vision statement for the NA profession that would include job matching with personality traits thus allowing the NA to grow in the profession and close the gap between the aide and the nursing staff. This will make the aide more valuable to the nursing staff and a more knowledgeable team member. Educational growth and career growth would need to happen in a timely manner to avoid the NA from exiting the profession before they could achieve the job matching and corresponding certifications that would provide them with the career and salary growth that would lead to better retention within the profession.

In 1999 Benjamin Health Care Center (BHCC) in Boston implemented a career ladder program for certified NA in their facility. The career ladder consisted of 3 levels; new hires started at NA 1, after 6 months they can receive additional training to move to NA 2, and then after one year in the NA level 2 the NA can receive training to move to the third level NA 3. With each level increase, there is an increase of responsibilities and pay. Before the career ladder program was implemented, BHCC encountered an 80% yearly turnover of NAs. After implementing the program, BHCC has increased the retention rate to 54%, and at least 80 – 90% of the original participants remain at BHCC (Maier, 2002).

Role of the DNP Student

My role was to study the issue of empathy and see if the data supports the hypothesis that NAs who stay in their role in long term care have a high empathy scale. If this is the case, then evaluating this characteristic may be important for schools and employers to consider using with job matching. This in turn, may lead to a more NAs

having success within the profession. The personality of an individual is one component that can possibly impact both their enlistment and retention in a job. However, in nursing, there has been little attention paid to the impact of personality on these decisions (Kennedy, Curtis, & Waters, 2014b). This study could lead to improved education, training and job satisfaction for the NA leading to better retention within the profession, thus enhancing quality patient care.

Summary

The problem of NA turnover is complex and negatively affects the quality of care to the residents of the long term care facility. Better understanding of personality characteristics such as empathy may assist in better selection in education programs, and by employers. Reducing the low retention rate of NAs will better predict the stability of the long term care facility. The current expenditure in training and retraining of constant new staff and the cost of advertising and other human resource costs are better spent on additional education, certification, and retention of current nurse aides. This allows for increased quality of service to the residents and to the nurses making the nurse aide a more valuable member to the healthcare team.

Section 3: Collection and Analysis of Evidence

Introduction

Practice Question

What is the level of empathy among NAs in long term care who have been in their role 3 years or longer? Nursing homes in the United States are experiencing a high turnover rate of NAs which correlates to a decrease of quality of care for the residents of these facilities. A survey conducted in 2012 showed that the median annual turnover rate for NAs in the United States is 51.5% (AHCA, 2013). In New Jersey, the NA turnover rate is 27.7% with a vacancy rate of 5.1% (AHCA, 2011). A long term care facility with high turnover rates indicates that NAs are continuously being hired and orientated. NAs are the principal care givers in nursing homes thus, the care that NAs provide is a significant factor of the quality of life and quality of care for residents (Wunderlich, Sloan, & Davis, 1996). Changes are required to increase the retention rate of NAs and reduce the NA vacancies in nursing homes in order to provide the best quality of care and quality of life for the residents of long term care facilities.

Kennedy et al. (2014a), suggested that there has been considerable amount of research on personality types attracted to a nursing career, but little pertains to NAs. The purpose of this project is to profile the key characteristic of empathy in the NA who has been successful in his/her specialty, which is demonstrated by at least a 3-year tenure at the same facility. If NAs who are successful exhibit a high degree of empathy, this factor may be utilized in selecting NA candidates for schools and employment. Better selection and training of the NA student has the potential to close the gap between the NA

retention rate and the negative impact of turnover on the care provided to residents of a long term care facility. Further, the profile may provide insight areas to be examined and improved in order to increase staff retention.

Possessing the wrong personality traits to perform the job is one of many factors that lead to high turnover rate for NAs, and poor fit for the position leads to low retention (Morgeson, 2015). Hunt, (2009) postulated that one factor that leads to increased turnover is hiring nurses with poor job fit. Statistically validated selection tools that assess candidate's work preferences and goals can also be used to reduce turnover caused by poor fit associated with less tangible concepts such as *organizational culture* or *career ambition*. Incorporating these methods into the nurse selection process can reduce the chances of hiring candidates only to have them quit because their job does not meet their basic job expectations or career goals (p. 8).

A substantial review of the literature from 1980 -2016 in databases and search engines included: CINAHL, Medline, Cochrane, Ovid, ProQuest, and yielded no work on the personality traits of NAs and success in career specialty. Penprase et al., (2013) indicated that if individuals are attracted to nursing because they are naturally highly empathetic, this trait may be a useful tool for assessing whether a particular individual is likely to succeed in a nursing program and, more importantly, to stay in the profession after graduation (p. 194). Empathy can affect an individual's job satisfaction in an organization due to the ability to spontaneously tune into another person's thoughts and feelings.

The presence of empathy may have a substantial influence on the employee behavior and affect the job satisfaction (Bt Musa, Kamariah Nik Mat, Po Li, Zahirah bt Isa Y, & bt Suib, 2012). Empathy is a person's awareness of others' feelings, needs, and concerns. Empathy translates into the intuitive sense of others' feelings and perspectives and showing an active interest in their concerns and interests. Customer service orientation which includes the ability to anticipate, recognize, and meet customers' needs, ability to sense what others need in order to grow, develop, and master their strengths (Culture of Empathy, 2016).

Purpose of Study

The purpose of this study was profile the personality characteristic of empathy in the NA population. A better understanding of the role of empathy in NAs may be used in selecting NAs candidates for schools and employment. Additionally, the profile has the potential to close the gap between the certified NA retention rate and the negative impact of turnover on the care provided to residents of a long term care facility.

Sources of Evidence

The purposive study sample included NAs from 10 different (for profit and nonprofit) long term care facilities located in New Jersey. A purposive sample is a nonprobability sampling method in which the researcher selects study participants based on personal judgement about who will be most informative. The subjects are selected because of some characteristics (Polit & Beck, 2012). The demographic information that was collected included years of experience as NA, age, gender, and whether the NA plans to return to school for LPN or RN. To be eligible for the study, the participants must be

employed as a NA in a long term care facility in New Jersey for a least 3years and must be proficient in English to complete the survey. The estimated sample size was 75 participants.

The requirement of 3 years' tenure would capture information of job success of older and younger employees; the average years U.S. workers have been with their current employer is 4.6 (Bureau of Labor Statistics, 2016). Tenure of young employees (ages 20 to 34) is only half that 2.3 years (Bureau of Labor Statistics, 2016, p. 1). The survey tool was the Interpersonal Reactivity Index (IRI), a self-report empathy scale questionnaire developed by Davis (1980). The IRI has demonstrated reliability and validity in assessing empathy. There are 28-items answered on a 5-point Likert scale ranging from A = does not describe me well to E = describes me very well. The measure has 4 subscales, each made up of 7 different items. These subscales are: (1) Perspective Taking – the tendency to spontaneously adopt the psychological point of view of others, (2) Fantasy – taps respondents' tendencies to transpose themselves imaginatively into the feelings and actions of fictitious characters in books, movies, and plays, (3) Empathic Concern – assesses other-oriented feelings of sympathy and concern for unfortunate others, (4) Personal Distress – measures self-oriented feelings of personal anxiety and unease in tense interpersonal settings (FetzerInstitute.org, 2016).

There are numerical scores equivalent to each letter (A= 0, B = 1, C = 2, D = 3, E = 4). Duarte, Pinto-Gouveia, and Cruz (2016) used the IRI scale to explore how empathy and self-compassion related to professional quality of life for nurses. Nosek, Gifford, and Kober (2014), research study used a mixed methods quasi-experimental design using

single group pre/post-test design to test a nonviolent communication intervention with baccalaureate student nurses incorporating IRI to measure empathy. The participants were baccalaureate nursing students from a private Catholic university, GPA, Transfer student, semester, male and female, various ethnicity (Asian, White, Latino, and Other), average age was 19 and the sample size was 74. The total participants that completed the pre- and post-IRI empathy survey was 55, relevant findings show that gender differences were noted in IRI Total Scores, both pre- (males: 59.5 ± 4.3, females: 70.2 ± 1.7; $F(1,53) = 4.34$, $p = .025$) and postintervention (males: 61.3 ± 4.6, females: 72.5 ± 1.6; $F(1,53) = 4.81$, $p = .030$) (Nosek, Gifford, & Kober, 2014, p. 7). One way ANOVA demonstrated no differences between age, GPA, ethnicity, transfer status, or semester. The IRI has been widely used within health and medical fields, and on a variety of populations (e.g. medical students, residents, physicians, nurses, dentists), with a number of interesting findings that demonstrate its validity and utility within these settings (Konrath, 2013). Add summary and synthesis to fully integrate the information and connect to your project's purpose.

The IRI instrument consists of four 7-item subscales that consider separate aspects of the global concept of empathy. The perspective-taking scale (PT) encompasses items which measure unprompted attempts to assume the perspectives of other people and see things from the other persons point of view. The fantasy scale (FS) measures the propensity to identify with characters in movies, novels, plays, and other fictional situations. The empathic concern (EC) scale asks about participants' feelings of warmth, compassion, and concern for others. The personal distress (PD) scale measures the

personal feelings of anxiety and discomfort that result from observing another's negative experience. The EC and PD subscales explicitly tap the participants' chronic emotional responses to the negative experiences of others (Davis, 1980). To evaluate the reliability of the IRI four empathy subscales over time, Davis (1983) completed an independent sample of 109 (56 males, and 53 females) Texas University undergraduate students.

The 28-item questionnaire was given to the students twice the second time was between sixty to seventy-five days after completing the first questionnaire. Relevant findings showed on the test-resttest reliability that women scored higher than men on all four subscales, a large difference was found with fantasy scale the mean score on this scale was 18.75 for women, and 15.73 for men, $F(1,1176) = 96.28$; $p < .001$(Davis, 1980). Standardized alpha coefficients for the 7-item, unit weighted scales were: Fantasy scale (male .78 and female .75), Perspective taking (male .75 and female .78), Empathic concern (male .72 and female .70), and Personal distress (male .78 and female .78) (Davis 1980).

The participants were given an information sheet explaining the purpose of the study, advised that participation is voluntary and that refusal to participate would not affect their job, and that information provided will be kept confidential. By completing and submitting the electronic survey, the participants would be consenting to participate in the study. No identifying information was gathered, as Survey Monkey assures anonymity. Institutional Review Board (IRB) approval was obtained before conducting the survey. Institutional Review Board approval number is 04-25-17-0179848.

Data Analysis

The analysis used descriptive statistics to create a normative empathy profile, with the average, high and low scores of all participants on each of the subscales of the tool. If the response size is adequate, additional analysis using inferential statistics was to be done to compare profiles by age (18-22, 23-28, 29-35, 35-45, >45), gender (Male/Female), and intent to return to school for additional training (Y/N). Gender has been shown in the literature to affect retention and empathy scales. Anecdotal data from this author's experience suggest that there is a sub-set of NAs who perform well who intend this position as a stepping stone to a career. This suggests that the intent to return to school may be a data point for further analysis.

Summary

Empathy is essential to the nursing role and has been found to be associated with improved patient outcomes and greater satisfaction with care and job satisfaction. Empathy is a cognitive skill which includes the ability to understand a patient's experience and communicate in a way that conveys an acknowledgment of patient concerns. The purpose of this study was to profile the key characteristic of empathy in NAs who have been successful in his/her specialty. The purposive study sample included NAs from 10 different long term care facilities located in New Jersey. The Interpersonal Reactivity Index (IRI) survey tool was used to capture data via an electronic survey on Survey Monkey.

Section 4: Findings and Recommendations

Introduction

An estimated 11 million older adults in the United States are now living with the need for assistance with daily living tasks such as bathing, dressing, shopping, and housekeeping (Thomas & Applebaum, 2015). Population aging is become an increasingly challenging phenomenon for many advanced world economies, and the rapid growth of the aging population has made the duty of providing long term care a critical problem for societies (Fu, Guo, & Bai, 2017; Hsieh & Chen, 2018). This has led to an increased need for an adequate, well-trained NA workforce to provide care for the elderly population. However, in recent years there has been an increased turnover rate among NAs in long term care facilities. Based on a 2012 survey, there is a 51.5% turnover rate for NAs in the United States (AHCA, 2013). Thomas et al. (2015) also identified workforce challenges as one of several trouble spots for long term care provision with turnover rates remaining high, retention rates reaching record lows, and several concerns about worker quality consistently emerging in the healthcare industry. These challenges present the need for attracting, screening, and selecting candidates using objective screening tools to predict performance potential on the job (Garner, 2011).

Studies have explored the importance of clinical competencies on the performance of NAs (Aued et al., 2016). However, Davies (2014) emphasized that effective healthcare requires more than technical skills such as a robust medical knowledge and attention detail. While these attributes are important, having the ability to empathize with the mental state of their patients is another critical role nurses have to

play. Empathy is an important aspect of an effective therapeutic relationship (Wilkinson, Whittington, Perry, & Eames, 2017) and is considered as an important cornerstone to effective patient-centered care (Bauchat, Seropian, & Jeffries, 2016). The role of empathy in cultivating work environments and enhancing workforce retention has been explored in previous studies (Davies, 2014; Duarte, Pinto-Gouveia, & Cruz, 2016). A review of the existing literature in nursing practice indicated a lack of knowledge on how the work or personality characteristics of NAs affect retention. Specifically, there is little in the literature on how empathy affects the employment suitability of NAs and its role in the patient-provider relationship.

The purpose of this quantitative, descriptive project was to provide a profile of the personality characteristic of empathy among NA populations who have been successful in their profession. This project sought to address the following question: What is the level of empathy among NAs in long term care who have been in their role for three years or longer? This study aimed to provide insight about the impact of empathy on the performance and job satisfaction of NAs. This project was also done to add to the existing knowledge regarding the relationship between empathy and retention. The findings of this study have the potential of informing human resources personnel in identifying suitable candidates for NA positions and limit the high costs that are commonly associated with high turnover.

Data was collected from a purposive sample of 60 NAs from 10 separate long term facilities in New Jersey. The IRI was used to collect data on the empathy levels among the participants. Demographic data including the participants' age, gender,

number of years working as a NA, and intent to return to school were also collected. The data were analyzed using both descriptive and inferential statistics to address the practical question of the study.

Findings and Implications

The data were first analyzed using descriptive statistics. Frequencies and percentages were then calculated for the categorical variables such as age group, gender, years at their current NA position, current enrollment status, and intent to return to school. For the continuous variables such as number of years as a NA and the participants' scores on the four subscales of the IRI to measure empathy, measures of central tendency were calculated. The results of the descriptive statistics analysis are shown below in Tables 1 and 2.

Based on the demographic data, the majority of the study's participants were females (47 out of 60, 78.3%). The largest percentages of participants were aged between 40 to 49 years old (18 out of 60, 30%), with at least 10 years at their current NA position (23 out of 60, 38.3%), and were not currently enrolled in nursing school (39 out of 60, 65%). Among the 60 participants, the majority did not intend to return to school (27 out of 60, 45%).

Table 1

Demographic Characteristics

	N	%
Gender		
Male	13	21.7
Female	47	78.3
Age		
17 or younger	0	0.0

18-20 years old	2	3.3
21-29 years old	11	18.3
30-39 years old	14	23.3
40-49 years old	18	30.0
50-59 years old	15	25.0
60 years old or older	0	0.0
Years at Current Nursing Assistant Position		
Less than 1 year	0	0.0
At least 1 year but less than 3 years	0	0.0
At least 3 years but less than 5 years	15	25.0
At least 5 years but less than 10 years	22	36.7
10 years or more	23	38.3
Current Enrollment Status		
Yes, as a Registered Nurse	7	11.7
Yes, as a Licensed Practical Nurse	14	23.3
Yes, as a Licensed Vocational Nurse	0	0.0
No	39	65.0
Intends to Return to School		
Yes, as a Registered Nurse	15	25.0
Yes, as a Licensed Practical Nurse	18	30.0
Yes, as a Licensed Vocational Nurse	0	0.0
No	27	45.0

Measures of central tendency were collected for the participants' scores on the four subscales of the IRI. As shown in Table 2, the mean scores for the four subscales were as follows: Perspective Taking (M = 19.47, SD = 3.41), Empathic Concern (M = 16.57, SD = 3.48, Fantasy Scale (M = 11.68, SD = 4.24), and Personal Distress (M = 12.93, SD = 3.20). Data were also collected on the number of years working as a NA. Based on the data collected, the number of years working as a NA ranged from a minimum of 3 years and a maximum of 20 years, with an average of 8.07 years (SD = 4.11).

Based on Davis' (1983) definition of the subscales of IRI, the average score for Perspective Taking is above the 50% threshold of the subscale, which indicates that the participants spontaneously adopt the perspectives and are receptive to the emotions and ideas of their patients. The mean score for Empathic Concern is also above the 50% threshold, which is indicative of the participants' ability to be compassionate with their patients and have concern for the well-being of the people they are tasked to take care of. In comparison to the first two subscales, the participants registered lower on the Fantasy and Personal Distress scores. These results could indicate that while they could empathize and express their concern for their patients, they do not necessarily identify with the experiences and the pain points on a personal level.

Table 2

Descriptive Statistics – Study Variables

	N	Min	Max	Mean	*SD*
Perspective Taking	60	10.00	28.00	19.4667	3.40720
Empathic Concern	60	10.00	24.00	16.5667	3.48054

Fantasy Scale	60	3.00	24.00	11.6833	4.23661
Personal Distress	60	4.00	20.00	12.9333	3.20416
Years as NA	60	3.00	20.00	8.0667	4.11639

Inferential statistical analysis procedures were also conducted to explore the relationships between the variables. An assessment of the data indicated that the assumption of normality required for parametric tests was not met. Thus, nonparametric tests were conducted to preserve the robustness of the sample. As shown in Table 3, the results of the nonparametric Spearman's test indicated that among the continuous variables of the study, only scores for the Fantasy scale were significantly correlated with the participants' retention represented by their total years of working as a NA (r = -.170, p = .046). Fantasy scale assesses an individual's inclination to see one's self in a fictional or imagined character or situation (Davis, 1983); thus, the fantasy scale scores of the participants could indicate that having a longer tenure leads to a more realistic and grounded experience for the NAs.

It should be noted that two sets of information were collected for years of experience as a NA. The first set included data on the specific number of years that the participant has been working as a NA in total, which is why it was operationalized as a continuous variable. This set of data was used in the Spearman's correlation analysis. The second set of data pertains to the number of years the participant has worked in their current position, and the data were collected by asking the participants to select from various ranges. This second set of data was operationalized as a categorical variable and used in the next analytic procedure.

Table 3

Correlations Table – Years as a Nursing Assistant vs. Empathy Scores

	Years as NA	
	r	p
Perspective Taking	-.170	.193
Empathic Concern	-.068	.605
Fantasy Scale	**-.259**	**.046**
Personal Distress	.040	.764

A nonparametric Kruskall-Wallis test was also conducted to determine whether the categorical variables of the study were associated with statistically significant differences in the scores for the subscales measuring empathy. As shown in Table 4, the participants' gender was associated with statistically significant differences in the scores of the participants for the Personal Distress subscale (p = .018). The relationship between gender and personal distress is aligned with previous studies which stated that women tended to have higher IRI scores than men (Chrysikou & Thompson, 2015). However, the imbalance of the number of female and male participants for the study could have affected these findings. Moreover, apart from gender and Personal Distress, the demographic variables of the study were not associated with differences in the empathy scores of the participants. In line with these results, it cannot be said that NAs who have been in their current position for 3 years or longer have higher levels of empathy than NAs who have been in their current position for less than 3 years.

Table 4

Kruskall-Wallis Test – Demographics vs. Empathy Scores (p-values)

	Years as NA	Gender	Age	Current Enrolment	Intent to Return to Sch
Perspective Taking	.978	.735	.588	.666	.658
Empathic Concern	.371	.404	.421	.817	.976
Fantasy Scale	.265	.392	.184	.865	.997
Personal Distress	.601	**.018**	.789	.378	.273

Secondly, an examination of the data on how many years the participants have been employed indicates that the participants have been working as NAs for an average of 8 years. Using the categorical scale, the participants from the largest segment of the population have been at their current position for more than 10 years. These numbers are twice that of the average number of years U.S. workers have been working with their current employer, which the Bureau of Labor Statistics reported as an average of 4.6 years (BLS, 2016). Thus, while the turnover rate of NAs in New Jersey is high, it can be said that longevity rates are high as well for the workforce members who do stay with their employers. However, it should be noted that more data is needed to support this assertion.

It is important for long term care facilities to foster an environment in which the aging population can maintain a positive quality of life and achieve better health outcomes (Hsieh & Chen, 2018). Workforce retention is an important aspect of ensuring better long term care provision (Thomas & Applebaum, 2015). Moreover, hiring the most qualified candidates for healthcare services positions is important to ensure the proper delivery of the services (Aued et al., 2016) and empathy is one of the important assets of

healthcare professionals who participate in patient-provider relationships (Davies, 2014). While there have been several studies focusing on empathy and its importance among nurses and other healthcare professionals, there have been minimal studies focusing on the empathy levels of NAs.

This project adds to the knowledge regarding the empathy levels among NAs from different participating organizations. Moreover, an insight into the empathy profile of successful NAs was developed by means of their subscale scores. The results of the IRI could be indicative of empathic strengths and weaknesses among employees which could be used for targeted training to improve overall empathy levels of employees. While the findings of this study did not establish a significant relationship between empathy and retention, the findings highlighted that there were notable shifts in the empathy subscale scores of participants based on gender and length of tenure, which could be basis for improving empathy levels in lower-scoring groups, this could improve the overall organizational capability to attend to the patient's needs.

Recommendations

This study was conducted with the goal of identifying how empathy levels of NAs could help predict their inclination to stay with their employer and improve retention rates of organizations. It was expected that the existence of a statistically significant relationship between years at the current NA position and empathy scores would provide support for using empathy scores as a means to identify individuals' potential for productivity and longevity as a NA. However, the results of the data analysis do not support the hypothesis of the study. This absence of a statistically significant relationship

between the variables can be attributed to various factors, one of which is the fact that the data analysis only used data from a small sample within a specific area. The use of a larger sample size or a sample with a wider geographical coverage may yield different results. The project can also be replicated in a different area to determine if similar results would be obtained.

The absence of a statistically significant relationship among the study variables is an indication that further research is needed to identify characteristics associated with longevity among NAs. Empathy is only one of many possible characteristics that can affect longevity and turnover rates. As such, there may be other measurable traits that can be included in future studies on the subject. In a study conducted by Richardson et al. (2009), it was determined that personality traits such as optimism, emotional stability, assertiveness, extroversion, work drive, openness, customer service, agreeableness, and conscientiousness were significantly associated with career satisfaction among healthcare workers. However, this study was not specific to NAs. Given that personality characteristics were determined to have an effect on employees' turnover goals and practices (Zimmerman, 2008), these identified factors can also be explored as possible predictors of retention among NAs and further studies can be done to explore these personality traits in the context of the NA population.

Due to the multitude of possible characteristics or traits, future researchers may wish to conduct qualitative studies exploring why NAs stay at their job at an empirical level. Studies can be conducted among NAs who have been at their current position for extended periods of time and exploring their self-reported reasons for staying at their

jobs. Thematic development can be aimed towards identifying specific working conditions or character traits that affect longevity among NAs, and quantitative studies to ascertain empirical relationships between the identified variables can be conducted as a follow-up. The comparison between the longevity of NAs in New Jersey compared to the national average from all industries opens up new avenues for academic exploration in relation to decreasing turnover rates among NAs. The high turnover rates among NAs requires further study in order to identify possible solutions to address this problem.

Apart from character traits, socioeconomic and work-related factors may also be explored. In particular, the identified comparison between the national average and the average of the sample with regard to longevity shows that NAs who stay at their job stay longer compared to the national average. This leads to the question of why these NAs stay at their jobs despite the high turnover rates reported for this particular industry. As with the first recommendation, a qualitative study can be conducted initially to identify themes corresponding to working conditions within the NA industry specific to New Jersey that contribute to retention among NAs in long term care facilities. As a follow-up, a quantitative study can be conducted to provide empirical proof supporting the conclusions of the qualitative study. Similarly, a comparison of longevity and retention rates among NAs across states can be conducted to identify specific states wherein retention rates among NAs are highest. In these states, exploratory studies on the character traits and working conditions in the nursing industry can be conducted.

Strengths and Limitations of the Project

A key limitation of this project is the sample size. The initial estimated sample size of 75 was not achieved, and only 60 participants from New Jersey were included in the data collection. This is because some participants did not fill in all of the items needed to measure their empathy levels and had to be removed from the data corpus. It is possible that the use of a larger sample size from a wider geographical area may have an impact on the results of the data analysis. A similar study can be conducted with the help of organizations like Survey Monkey which have a wider reach in terms of population. Through Survey Monkey, more data can be collected from participants all over the country, which can result in more robust analytic procedures.

The purposive and nonprobability sampling method used for this study allowed the study to be framed to a specific and observable group. By capturing information from a purposefully chosen group of people, the findings are more focused and are specifically useful within the bounded parameters. In contrast, the sampling method used for this study could have also limited the findings. Even though the data collection was performed accurately and the profile developed was modeled based on the answers provided by the participants of the study, there was no method taken to systematically select the participants; thus, the sampling for this study could have been influenced by the personal judgment of the researcher.

Moreover, the sample for this study was limited to NAs who have been with their employer for at least 3 years. This removes newly-hired or budding NAs from the data corpus as it only focuses on profiling employees who have had better retention rates. This

could have limited the effectiveness of the study by not exploring perspectives from younger NAs about their empathy levels and their potential retention. Further studies can be done to explore the perspectives of newly-hired NAs and add to the knowledge regarding empathy and retention among this particular population. Nonetheless, the results of this study add to the knowledge regarding empathy levels of NAs by providing a model for measuring and analyzing empathy and retention among this particular population.

Section 5: Dissemination Plan

My scholarly product will be disseminated at The Health Care Association of New Jersey (HCANJ) annual convention. The HCANJ is a nonprofit trade association representing long term care providers and the annual convention has over 200 exhibitors and more than 2,500 healthcare providers from New Jersey, New York, Pennsylvania, and Delaware. Other ways to disseminate my findings is submitting to journals, attending the New Jersey Licensed Nursing Home Administrators annual conference, and the New Jersey Association Director of Nursing Administration (NJADONA) annual convention. In order for nursing research to have an impact on clinical practice and build evidence for practice, findings from research must transfer into the clinical practice literature (Hanrahan, K., Marlow, K. L., Aldrich, C., & Hiatt, A. M., 2010). Articles in clinical nursing journals disseminate not only information about clinical practice, but also inform readers about research of potential value to the nurse's practice (Oermann, Floyd, Galvin, & Roop, 2008).

Posters have many advantages, as they can be used to reach many people and also encourages communication between the presenter and participants at a conference or in a clinical setting (Sherman, 2010). Poster presentations provide important information about the research findings or clinical issue in a format that is easy to comprehend. The limitations of a poster presentation are that it is passive and if the poster is not visual the presentation will lose its effectiveness. With a poster, the goal is to tell a clear, simple story of the work (Sherman, 2010, p. 13).

Analysis of Self

An analysis of self helped me discover my strengths and weakness in my role as practitioner, scholar, and project manager. The practitioner's role in both evidence-based practice and research is to help transform patient care through education and scholarly practice (Hanrahan, et al., 2010). My strength in my role as a practitioner is educating nurses, NAs, and other healthcare professionals to deliver patient-centered care. I am always excited to learn new ways to educate my staff and my managers. I find research articles to support new and innovative ways to educate and make changes towards best care. My weakness is lacking the confidence in myself to educate others when I learn new information. I notice a difference in my presentation of new information verses information that I know.

Initially, I did not think that I would able to be a scholar or project manager, but as I started writing my DNP premise I gained the confidence and realized I am a scholar. Doubts and fear occurred throughout my DNP journey, but I learned to overcome those fears by gaining the knowledge from my instructors, research, and experience. One important thing that I did learn from my experiences in completing my DNP project is that there are no failures in research, only new areas to explore. AACN (2011) stated that scholarship in nursing can be defined as those activities that systematically advance the teaching, research, and practice of nursing through rigorous inquiry that (a) is significant to the profession, (b) is creative, (c) can be documented, (d) can be replicated or elaborated, and (e) can be peer-reviewed through various methods. In completing my DNP project, I have experienced several challenges. One in particular is when I was

explaining my project to nursing home administrators. they were trying to convince me to change my project to other areas that interested them such as administrator burnout. I was able to educate them on the importance of NA retention rate and how it affects quality of care given to the residents in the long term care facilities.

Summary

NAs can improve the mental and physical well-being of residents in long term care facilities by developing relationships and providing great quality of care. NAs interact directly with residents and play a vital role in developing quality relationship with them. Research has defined the daily interactions between NAs and residents as task oriented, this may have led to why few researchers have attempted to explore correlations between the personality characteristics of NAs providing direct care to residents, the importance of retention rate, and the negative impact of turnover on the care provided to resident of a long term care facility (Lung & Liu, 2016). Continued research of the personality characteristics of NAs is vital to the quality of life and the quality of care of residents in long term care facilities.

References

American Association of Colleges of Nursing (2011). *The essentials of master's education in nursing.* Retrieved from www.aacn.nch.edu/education-resources/MastersEssentials11.pdf

American Health Care Association. (2011). "2010 Quality Report". Washington, DC: American Health Care Association. Retrieved from https://www.ahcancal.org/research_data/staffing/Documents/2011%20Staffing%20Survey%20Report.pdf

American Health Care Association. (2013). "2012 Quality Report." Washington, DC: American Health Care Association. Retrieved from http://www.ahcancal.org/quality_improvement/Documents/AHCA%20Quality%20Repor t%20FINAL.pdf

Aued, G. K., Bernardino, E., Peres, A. M., Lacerda, M. R., Dallaire, C., & Ribas, E. D. N. (2016). Clinical competences of nursing assistants: A strategy for people management. *Revista Brasileira de Enfermagem, 69*(1), 142-149. doi:10.1590/0034-7167.2016690119i

Bauchat, J. R., Seropian, M., & Jeffries, P. R. (2016). Communication and empathy in the patient-centered care model: Why simulation-based training is not optional. *Clinical Simulation in Nursing, 12*, 356-359. doi:10.1016/j.ecns.2016.04.003

Bt Musa, R., Kamariah Nik Mat, N., Po Li, C., Zahirah bt Isa Y, Y., & Bt Suib, R. (2012, July). Influence factors on job satisfaction among Malaysia educator a study of UUM academic staffs. *American Journal of Economics*, 82-86.

doi:10.5923/j.economics.20120001.19

Bureau of Labor Statistics (2016). Economic News Release. Retrieved from www.bls.gov/news.release/tenure.t06.htm

Castle, N. G. (2013). Consistent assignment of nurse aides association with turnover and absenteeism. *Journal of Aging & Social Policy*, *25*, 48-64. doi:10.1080/08959420.2012.705647

Castle, N. G. & Anderson, R. A. (2011). Caregiver staffing in nursing home and their influence on quality of care using dynamic panel estimation methods. *Medical Care, 49*(6), 545-552. doi:10.1097/MLR.0b013e31820fbca9

Castle, N. G. & Engberg, J. (2007). The influence of staffing characteristics on quality of care in nursing homes. *Health Services Research, 42*(5), 1822-1847. doi:10.1111/j.1475-6773.2007.00704.x

Center for Building a Culture of Empathy. (2016). Culture of Empathy. Retrieved from www.cultureofempathy.com/Reference/Definitions.htm

Chrysikou, E. G. & Thompson, W. J. (2015). Assessing cognitive and affective empathy through the interpersonal reactivity index: An argument against a two-factor model. *Assessment, 23*(6), 769-777. doi:10.1177/1073191115599055

Cole-King, A. & Gilbert, P. (2011). Compassionate Care: The theory and the reality. *Journal of Holistic Healthcare, 8*(3), 29-37. Retrieved from https://www.researchgate.net/publication/285810818_Compassionate_care_the_theory_and_reality

Cupit, T., & Sukal, M. F. (2015, August). Does personality matter in nursing? Assessing

suitability as well as eligibility when hiring. *Nurse Leader*, *13*(4), 44-47. doi:10.1016/j.mnl.2015.05.009

Dal Santo, L., Pohl, S., Saiani, L., & Battistelli, A. (2014, September). Empathy in the emotional interactions with patients. Is it positive for nurses too? *Journal of Nursing Education and Practice*, 4(2), 74-81. doi:10.5430/jnep.v4n2p74

Davies, N. (2014). Empathic nursing: Going the extra mile. *Practice Nursing, 25*(4), 198-202. doi:10.12968/pnur.2014.25.4.198

Davis, M. H. (1980). A multidimensional approach to individual differences in empathy. *JSAS Catalog of Selected Documents in Psychology*, *10*, 1-19. Retrieved from https://www.researchgate.net/publication/34891073_A_Multidimensional_Approach_to_Individual_Differences_in_Empathy

Davis, M. H. (1983). Measuring individual differences in empathy: Evidence for a multidimensional approach. *Journal of Personality and Social Psychology*, *44*(1), 113 - 126. doi:10.1037/0022-3514.44.1.113

DeHart, D., D., Webb, J., & Cornman, C. (2008). Prevention of elder mistreatment in nursing homes: Competencies for direct-care staff. *Journal of Elder Abuse & Neglect, 21*(4), 360-378. doi:10.1080/08946560903005174

New Jersey Department of Health. New Jersey Curriculum for Nurse Aide Personnel in Long Term Care Facilities. (1995). Retrieved from www.state.nj.us/health/healthfacilities/index.shtml

Duarte, J., Pinto-Gouveia, J., & Cruz, B. (2016). Relationships between nurses' empathy, self-compassion, and dimensions of professional quality of life: A cross-sectional

study. *International Journal of Nursing Studies*, *60*, 1-11. doi:10.1016/j.ijnurstu.2016.02.015

Eley, D., Eley, R., Bertello, M., & Rogers-Clark, C. (2012, January 14,). Why did I become a nurse? Personality traits and reasons for entering nurse. *Journal of Advanced Nursing*, 1546-1555. doi:10.1111/j.1365-2648.2012.05955.x/full

Fu, Y. Y., Guo, Y., Bai, X., & Chui, E. W. T. (2017). Factors associated with older people's long term care needs: a case study adopting the expanded version of the Anderson model in China. *BMC Geriatrics, 17*(38). doi:10.1186/s12877-017-0436-1

Garner, C. (2011). Validation of the healthcare pro tool in predicting best job fit for nurses. *SMG Report*.

Han, K., Trinkoff, A. M., Storr, C. L., Lerner N., Johantgen, M., Gartrell, K. (2013). Associations between state regulations, training length, perceived quality and job satisfaction among certified nursing assistants: Cross-sectional secondary data analysis. *International Journal of Nursing Studies, 51*(2014), 1135-1141. doi:10.1016/j.ijnurstu.2013.12.008

Harrington, C. (2001, May). Nursing facility staffing policy: A case study for political change. *Policy, Politics & Nursing Policy*, 117-127. doi:10.1177/152715440100200206

Hanrahan, K., Marlow, K. L., Aldrich, C., & Hiatt, A. M. (2010). DNP: Advanced role development II. Retrieved from

https://nursing.uiowa.edu/sites/default/files/documents/research/Disseminating%20nursing%20knowledge.pdf

Hsieh, P. & Chen, C. (2018). Geriatric nursing and long term care content in baccalaureate nursing programs in Taiwan. *International Journal of Gerontology, 12*(1), 52-56. doi:10.1016/j.ijge.2017.04.001.

Hunt, S. T. (2009). Nursing turnover: Costs, causes, & solutions. Retrieved from https://www.nmlegis.gov/lcs/handouts/LHHS%20081312%NursingTurnover.pdf

Kalisch, B. J. & Hee Lee, K. (2011). Nursing staffing levels and teamwork: A cross-sectional study of patient care units in acute care hospitals. *Journal of Nursing Scholarship, 43*(1), 82-88. doi:10.1111/j.1547-5069.2010.01375.x

Kennedy, B., Curtis, K., & Waters, D. (2014a). Is there a relationship between personality and choice of nursing specialty: An integrative literature review. *BioMed Central Nursing*, *13*(40), 1-9. doi:10.1186/s12912-014-0040-z

Kennedy, B., Curtis, K., & Waters, D. (2014b). The personality of emergency nurses: Is it unique? *Australasian Emergency Nursing Journal*, *17*, 139-145. doi:10.1016/j.aenj.2014.07.002

Konrath, S. (2013). A critical analysis of the Interpersonal Reactivity Index. *MedEdPORTAL Directory and Repository of Educational Assessment Measures*. doi:10.15766/mep_2374-8265.9596

Lung, C. & Liu, Y. (2016), How the perspectives of nursing assistants and frail elderly residents on their daily interaction in nursing homes affect their interaction: A qualitative study. *BMC Geriatrics, 16*(13), 1-14. doi10.1186/s12877-016-0186-5

Maas, M. L., Specht, J. P., Buckwalter, K. C., Glitter, J., & Bechen, K. (2008). Nursing home staffing and training recommendations for promoting older adults' quality of care and life Part 1. Deficits in the quality of care due to understaffing and undertraining. *Research in Gerontological Nursing*, *1*(2), 123-133. doi: 10.3928/19404921-20080401-03

Maier, G. (2002). Career ladders: An important element in NA retention. *GN Management*, *23*(4), 217 - 219. doi:10.1067/mgn.2002.126971

McLaughlin, K., Moutray, M., & Muldoon, O. T. (2007). The role of personality and self-efficacy in the selection and retention of successful nursing students: A longitudinal study. *Journal of Advanced Nursing, 61*(2), 211–221, doi:10.1111/j.1365-2648.2007.04492.x

Meeusen, V., Brown-Mahoney, C., Van Dam, K., Van Zudert, A., & Knape, J. (2010). Personality dimensions and their relationship with job satisfaction amongst Dutch nurse anesthetists. *Journal of Nursing Management*, *18*, 573-581. doi:10.1111/j.1365-2834.2010.01066.x

Mercer, S. W., & Reynolds, W. J. (2002, October 1). Empathy and quality of care. *British Journal of General Practice*, *52*, S9-S13. Retrieved from www.ncbi.nlm.nih.gov/pmc/articles/PMC1316134/pdf/12389763.pdf

Morgeson, F. P., (2015). Pre-employment behavioral assessments may combat retention issues. *Long Term Living,* 38-40. Retrieved from www.ltlmagazine.com

Mukamel, D. B., Spector, W. D., Limcangco, R., Wang, Y., Feng, Z., & Mor, V. (2009). The costs of turnover in nursing homes. *Med Care*, *47*(10), 1039-1045.

doi:1097/MLR.0b013e3181a3cc62

National Commission for Quality Long term Care (2007). The long term care workforce: Can the Crisis be fixed? Problems, causes and options. *Institute for the Future of Aging Services*, 1-30. Retrieved from https://www.leadingage.org/sites/default/files/LTC_Workforce_Commission_Report.pdf

Nosek, M., Gifford, E., & Kober, B. (2014). Nonviolent Communication (NVC) training increases empathy in baccalaureate nursing students: A mixed method study. *Journal of Nursing Education*, *4*(10), 1-15. doi:10.5430/jnep.v4n10p1

Oermann, M. H., Floyd, J. A., Galvin, E. A., & Roop, J. C. (2006, Sep-Oct). Brief reports for disseminating systematic reviews to nurses. *Clinical Nurse Specialist*, *20*(5), 233-238. doi:10.1097/00002800-200609000-00009

Papadopoulos, I., & Ali, S. (20*16*). Measuring compassion in nurses and other healthcare professionals: An integrative review. *Nurse Education in Practice*, 16, 133-139.

Pennington, K., Scott, J., & Magilvy, K. (2003). The Role of nursing assistants in nursing homes. *Journal of Nursing Administrators*, *33*(11), 578-584. doi:10.1016/j.nepr.2015.08.001

Penprase, B., Oakley, B., Ternes, R., & Driscoll, D. (2013). Empathy as a determining factor for nursing career selection. *Journal of Nursing Education*, *52*(4), 192-197. doi:10.3928/01484834-20130314-02

Penprase, B., Oakley, B., Ternes, R., & Driscoll, D. (2015). Do higher dispositions for empathy predispose males toward careers in nursing? A descriptive correlational

design. *Nursing Forum*, *50*(1), 1-8. doi:10.1111/nuf.12058

Polit, D. F., & Beck, C. T. (2012). *Nursing research generating and assessing evidence for nursing practice* (9th ed.). Philadelphia, PA: Wolters Kluwer.

Resick, C. J., Baltes, B. & Walker Shantz, C. (2007). Person-organization fit and work-related attitudes and decisions: Examining interactive effects with job fit and conscientiousness. *Journal of Applied Psychology, 92*(5), 1446-1455. doi:10.1037/0021-9010.92.5.1446

Resnik, D. B. (2015). What is ethics in research & why is it important? *National Institute of Environmental Health Sciences*. Retrieved from www.niehs.nih.gov

Richardson, J. D., Lounsbury, J. W., Bhaskar, T., Gibson, L. W., & Drost, A. W. (2009). Personality traits and career satisfaction of health care professionals. *The Health Care Manager*, *28*(3), 218-226. doi:10.1097/HCM.0b013e3181b3e9c7

Riggs, C. J., & Rantz, M. J. (2001). A Model of Staff Support to Improve Retention in Long term Care. *Nursing Administration Quarterly/Winter, 25*(2), 43-54. doi:10.1097/00006216-200101000-00009

Rosen, J., Stiel, E. M., Mittal, V., & Leana, C. R. (2011). Stayers, leavers, and switchers among nursing assistants in nursing homes: A longitudinal investigation of turnover intent, staff retention, and turnover. *Gerontologist*, *51*(5), 597 - 609. doi:10.1093/geront/gnr025

Seavey, D. (2011). Caregivers on the front line: Building a better direct-care workforce. *Journal of the American Society on Aging*, *34*(4), 27-35. Retrieved from https://www.researchgate.net/publication/290055705_Caregivers_on_the_Front_

Line_Building_a_Better_Direct-Care_Workforce

Sherman, R. O. (2010). How to create an effective poster presentation. *American Nurse Today*, *5*(9), 13-15. Retrieved from https://www.researchgate.net/publication/235636655_Sherman_RO_2010_Creating_an_effective_poster_presentation_American_Nurse_Today_59_15-17

Smart, D., English, A., James, J., Wilson, M., Daratha, K. B., Childers, B., & Magera, C. (2014). Compassion fatigue and satisfaction: A cross-sectional survey among US healthcare workers. *Nursing and Health Sciences*, *16*, 3-10. doi:10.1111/nhs.12068

Stearns, S. C., & D'Arcy, L. P. (2008). Staying the course: Facility and profession retention among nursing assistants in nursing homes. *Journal of Gerontology, 63B*, (3), S113-S121. doi:10.1093/geronb/63.3.S113

Strunk, K. C., & Strunk, K. K. (2012). The contribution of personality and workplace characteristics in predicting turnover intention among sexual assault nurse examiners: A path analytic study. *Journal of Forensic Nursing*, *8*, 144-150. doi:10.1111/j.1939-3938.2012.01141.x

Thomas, K. S., & Applebaum, R. (2015). Long term services and supports (LTSS): A growing challenge for an aging America. *Public Policy & Aging Report, 25*(2), 56-62. doi:10.1093/ppar/prv003

Trinkoff, A. M., Han, K., Storr, C. L., Lerner, N., Johantgen, M., & Gartrell, K. (2013). Turnover, staffing, skill mix, and resident outcomes in a national sample of US nursing homes. *Journal of Nursing Administration*, *43*(12), 630-636.

doi:10.1016/j.ijnurstu.2011.02.014

Van der Cingel, M. (2014). Compassion: The missing link in quality care. *Nurse Education Today*, *34*, 1253-1257. doi:10.1016/j.nedt.2014.04.003

Walker, K. M., & Alligood, M. R. (2001). Empathy from a nursing perspective: Moving beyond borrowed theory. *Archives of Psychiatric Nursing*, *15*(3), 140-147. doi:10.1053/apnu.2001.23754

Watson, J. (1979). Theory of human caring. Retrieved from www.watsoncaringscience.org

Wiess Roberts, L., Warner, T. D., Moutier, C., Geppert, C. M., & Green Hammond, K. A. (2011). Are doctors who have been ill more compassionate? Attitudes of resident physicians regarding personal health issues and the expression of compassion in clinical care. *Psychosomatics*, *52*, 367-374. doi:10.1016/j.psym.2011.01.042

Wilkinson, H., Whittington, R., Perry, L., & Eames, C. (2017). Examining the relationship between burnout and empathy in healthcare professionals: A systematic review. *Burnout Research, 6*, 18-29. doi:10.1016/j.burn.2017.06.003.

Wunderlich, G. S., Sloan, F. A., & Davis, C. K. (1996). *Nursing staff in hospitals and nursing homes is it adequate*. Washington, DC: National Academy Press. Retrieved from https://www.nap.edu/catalog/5151/nursing-staff-in-hospitals-and-nursing-homes-is-it-adequate

Yu, J., & Kirk, M. (2008, December). Measurement of empathy in nursing research: systematic review. *Journal of Advanced Nursing*, *64*(5), 440-454.

doi:10.1111/j.1365-2648.2008.04831.x

Zimmerman, R. D. (2008). Understanding the impact of personality traits on individuals' turnover decisions: A meta-analytic path model. *Personnel Psychology*, *61*, 309-348. doi:10.1111/j.1744-6570.2008.00115.x